

Received & Inspected

JUL 05 2012

FCC Mail Room



IRONTON TELEPHONE COMPANY
BUSINESS COMMUNICATIONS SYSTEMS

4242 Mauch Chunk Road - IRONTON

Coplay, PA 18037-9608

Accounting 610.799.0225

FAX 610.799.0031

June 28, 2012

Office of the FCC Secretary
Marlene H Dortch, Secretary
FCC 445 12th St SW
Washington DC 20554

RE: WC Docket No. 10-90

Gentlemen:

Enclosed is the completed Ironton Telephone Company's Annual Reporting Requirements form pursuant to S54.313(a)(2)-(4) WC Docket No. 10-90.

If you have any questions, please feel free to contact me.

Sincerely,

Patricia L. Stewart
Secretary-Treasurer

Enclosure

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Annual Reporting Requirements pursuant to § 54.313(a)(2)-(6)

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§ 54.313(a)(2) – Outage reporting

☒ My company was not required to collect this information in 2011.

☐ My company collected this information pursuant to state utility commission requirement.
A copy of the report is attached.

§ 54.313(a)(3) – Unfulfilled service requests

☒ My company was not required to collect this information in 2011.

☐ My company collected this information pursuant to state utility commission requirement.
A copy of the report is attached.

§ 54.313(a)(4) – Customer complaints per 1000 connections

☒ My company was not required to collect this information in 2011.

☐ My company collected this information pursuant to state utility commission requirement.
A copy of the report is attached.

§ 54.313(a)(5) – Service quality standards and consumer protection rules

I certify that the reporting carrier is in compliance with applicable service quality standards and consumer protection rules.

§ 54.313(a)(6) – Ability to function in emergency situations

I certify that the reporting carrier can function in emergency situations as set forth in 47 CFR §54.202(a)(2). Specifically, the reporting carrier has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.

I am authorized to make this certification on behalf of the company named above and, to the best of my knowledge the information reported on this form is accurate. This certification is for the study area(s) listed below. **(Please enter your Company Name, State and Study Area Code)**

Company Name	State	Study Area Code
IRONTON TELEPHONE COMPANY	PA	170175

(If necessary, attach a separate list of additional study areas and check this box.)

☐

Signed,


[Signature of Corporate Officer]

Date: JUNE 28, 2012

PATRICIA L STEWART
[Printed Name of Corporate Officer]

SECRETARY-TREASURER
[Title of Corporate Officer]

Carrier's Name	IRONTON TELEPHONE COMPANY
Carrier's Address	4242 MAUCH CHUNK ROAD
Carrier's Telephone Number	COPLAY PA 18037
	610-799-0225